

**CITY OF GROVE CITY**

4035 Broadway
Grove City, Ohio 43123
(614) 277-3000
Fax (614) 277-3011
www.ci.grove-city.oh.us

**LOT SPLIT
APPLICATION
FEE \$50.00**

Date Submitted _____

PROJECT INFORMATION

PROJECT NAME

PINNACLE LOT SPLIT

PROPERTY LOCATION

DIRECTLY WEST OF LOT #439 PINNACLE CLUB DR

PARCEL TAX ID #

EXISTING ZONING

PUDR

PROPERTY OWNER (-S)

PINNACLE DEV. CO

MAILING ADDRESS

1500 PINNACLE CLUB DRIVE 43127

DAYTIME TELEPHONE

614-207-7607

FAX NUMBER

()

E-MAIL

CIMINELLO@AOL.COM**APPLICANT/AGENT**

NAME OF APPLICANT

SAME AS ABOVE

MAILING ADDRESS

DAYTIME TELEPHONE

()

FAX NUMBER

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E-MAIL

DESIGNATED CONTACT PERSON

DAYTIME TELEPHONE

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I, JOSEPH A CIMINELLO, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant

Date

11/18/11

Signature of Owner

MARK MEWES P.O.C.

Date

11/18/11**FOR OFFICE USE ONLY**

DATE RECEIVED

PAYMENT RECEIVED/AMOUNT

CHECK NUMBER

RECEIVED BY

DATE SCHEDULED FOR PLANNING COMMISSION

PROJECT ID #

PLANNING COMMISSION ACTION

APPROVED

DISAPPROVED